Mississippi Board of Examiners for Social Workers and Marriage & Family Therapists

## **Social Work Discipline Specific Committee**

## **Continuing Education Sub-Committee**

## **Application for Sub-Committee Appointment**

Please consider serving on the Social Work Continuing Education Sub-Committee of the MBOESWMFT. If you are interested in participating, complete the following form and return to <a href="mailto:info@swmft.ms.gov">info@swmft.ms.gov</a>.

Most review activities will occur electronically, with some decisions requiring telephone consultation with other committee members. A commitment of 2-4 hours per month is requested from each member to review documents and communicate with the committee. Preliminary online training (with CE) will be given to prepare you for providing this service.

| Name:  |  |  |
|--|--|--|
| Address:   |  |  |
| Email Address:   |  |  |
| Telephone Numbers (where you can be reached – home, office, cell):   |  |  |
|  |  |  |
| Current Mississippi Social Work License (in good standing) required.   |  |  |
| License Number:  |  |  |
| ~*~*~*~*~*~*~*~*~*~*~*~*~*~*~**  |  |  |
| Work History:  |  |  |
| Current Employment (Agency, Address):  |  |  |
| Current Job Title:   |  |  |
| Previous Employment (Agency, Address):   |  |  |
| Previous Job Title:  |  |  |
| Previous Employment (Agency, Address):   |  |  |
| Previous Job Title:  |  |  |
| (Report social work jobs held for the past 5 years. If you do not have 5 years of social work experience, report positions held thus far. Include résumé or CV.) |  |  |

Please respond to the following:

| Are you available to screen continuing education applications for workshops & training sessions? |   |  |
|--|---|--|
| Yes No   |   |  |
| Are you available to review applications for designated provider status?                         |   |  |
| Yes No   |   |  |
| Do you have reliable internet & telephone access?  |   |  |
| Yes No   |   |  |
| I have specialized knowledge in the following areas:   |   |  |
| Services to Older Adults   | Health Care                             |  |
| Services to Persons with Substance Misuse  | Persons with Developmental Disabilities |  |
| Children   | Mental Health                           |  |
| Adolescents  | Hospice                                 |  |
| Policy / Advocacy  | Social Work Administration              |  |
| Supervision  | Homelessness                            |  |
| Research   | School Social Work                      |  |
| LGBTQ  | Family Health                           |  |
| Forensics / Criminal Justice   | Community Development                   |  |
| Other (Specify)  | Other (Specify)                         |  |
| Do you agree to observe confidentiality standards regarding all applications?                    |   |  |
| Yes No   |   |  |
| Do you agree to work on the CE Sub-Committee as a volunteer?                                     |   |  |
| Yes No   |   |  |
| I acknowledge that the information I have provided is accurate.                                  |   |  |
| Yes No   |   |  |